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IRADEMA TRANSMITTAL	Application Number	09/843,520
TRANSMITTAL	Filing Date	April 27, 2001
FORM	First Named Inventor	Donald L. Schilling
	Art Unit	2637
(to be used for all correspondence after initial filing)	Examiner Name	Temesghen Ghebretinsae
Total Number of Pages in This Submission	Attorney Docket Number	I-2-0032.3US

	ENCLOSURES (Check all that apply)							
X		smittal Form		Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences	
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Ren	Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on enarks	e Address	Form	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTOL-85		
		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AG	ENT	
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Printed	d name	Jeffrey M. Glabicki						
Date		February 15, 2005			Reg. No.	42,58	4	

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	an envelope addressed to: Mail Stop Issue Fee, Co		
Signature	When the shall t		
Typed or printed name	Jeffrey M. Glabicki	Date	February 15, 2005

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Effective	on 12/08/2004			Complete	e if Known	/0	Les de	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005			Application Number 09/843					
			Filing Date April 27		, 2001	E FFR	1 8 2	
			First Named Inventor	Donald L. Schilling				
			Examiner Name					
Applicant claims small en	itity status. S	ee 37 CFR 1.27	Art Unit	2637			ANDES.	
TOTAL AMOUNT OF PAYME	NT (\$) 1,	712.00	Attorney Docket No.	I-2-0032	2.3US			
METHOD OF PAYMENT (check all tha	at apply)						
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Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
HP = highest number of total clair	ms paid for, if o		<u> </u>	ee (\$)	Fee Paid (\$) 0.00			
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets								
SUBMITTED BY	1 1 1 1	1/2	Registration No. 42.59		T-1			
Signature ////////////////////////////////////	U AMI	WLY	(Attorney/Agent) 42,58	34	Telephone 215	-568-640)0	
Name (Print/Type) Jeffrey M.	Glabicki				Date Februar	$v 15. \overline{20}$	005	

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